

Request For Transfer of Funds


Reference: MOBILE CLINICS IN COORDINATION W/ UPMRC
Project#: 98827

08/14/01

Bank One
1505 E. Beltline Rd.

Dear Manager:

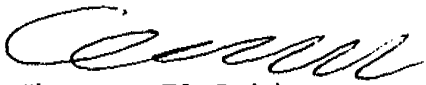
Please Complete the following transfer of funds no later
than 08/14/01


Amount: \$7,000.00 Tot. 
From: The Holy Land Foundation For Relief & Development
Account# 1070001258

To: HOLY LAND FOUNDATION
Account #: 41914 T/R:
Bank Name: PALESTINE INVESTMENT BANK
Remarks: CHASE MANHATTAN BANK -NEW YORK
ARAB JORDAN INVESTMENT BANK
AMMAN JORDAN CHIPS ID 136008
SWIFT AJIBJOAX
Branch: BEERAH - RAMALLAH
Country: ISRAEL

Thank You.

Sincerely,


Ghassan El-Ashi OR
Chairman


Shukri A. Baker
President, CEO

HLDL70 0000138